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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/601,944	<b>FILING DATE</b> 06/23/2003  <b>RULE</b>	<b>CLASS</b> 252	<b>GROUP ART UNIT</b> 1755	<b>ATTORNEY DOCKET NO.</b> GP-301600
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/945,170 09/04/2001 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 08/18/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <div style="border-top: 1px solid black; display: flex; justify-content: space-between; margin-top: 5px;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**

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**TITLE**

Magnetorheological fluids with an additive package

<b>FILING FEE</b>  <b>RECEIVED</b> 750	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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